PTO/SB/80 (01-06)
Approved for use through 12/31/2008. OMB 0651-0035
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hereby appoint: X			of attorney given in	the application	n identified in t	he attached st	atement under	
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name			-					
Name Registration Number Name Registration Number Registration Number Name Registration Number Registration Number Registration Number Number Registration Number Number Registration Number Registration Number Number Registration Number Number Registration Number Registration Number Registration Number Number Number Registration Number Number Number Number Number Registration Number Number Number Registration Number	Practitioners associated with the Customer Number:							
Name Number	Practition	er(s) named below (if mo	re than ten patent prac	titioners are to b	e named, then a	customer numbe	er must be useu).	
Acopy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee. Signature Name John Reighton Date 10 Aug 2006 Name John Reighton Date 10 Aug 2006 Name John Reighton Date 10 Aug 2006 Telephone Telephone	Name				Name			
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Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: X The address associated with Customer Number: 000530 OR	as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).							
Firm or Individual Name Address State Zip State Zip State Email State S	Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:							
Firm or Individual Name Address State				000530)			
Individual Name Indivi	OR							
State Zip Country Telephone Email Country Telephone Telephone Telephone Country Telephone Telephon		Name						
State Zip Country Telephone Email Assignee Name and Address: Norton Healthcare Limited t/a IVAX Pharmaceuticals UK Limited Albert Basin, Royal Docks LONDON E16 2QJ; UNITED KINGDOM A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee. Signature Date 10 AUG 2006 Telephone + 44 113 201 39344						<u> </u>		
Assignee Name and Address: Norton Healthcare Limited t/a IVAX Pharmaceuticals UK Limited Albert Basin, Royal Docks LONDON E16 2QJ; UNITED KINGDOM A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. Signature Signature Date Date 10 AUG 2006 Telephone + 44 113 201 39344					Zip	<u> </u>		
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Norton Healthcare Limited t/a IVAX Pharmaceuticals UK Limited Albert Basin, Royal Docks LONDON E16 2QJ; UNITED KINGDOM A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. Signature Signature Date Date 10 AUG 2006 Telephone + 44 113 201 3934	Country	• • • • • • • • • • • • • • • • • • • •	Telephone			<u> </u>		
Signature Signature Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date	Norton Head Albert Bas LONDON	althcare Limited t/a l in, Royal Docks	VAX Pharmaceut	icals UK Lim	ited			
Signature Signature and title is supplied below is authorized to act on behalf of the assignee Date 10 AUG 2006 Name John Reighton Telephone + 44 113 201 3974	filed in each a	pplication in which this	torm is used. The si	actitioner is a	uthorized to act			
Signature Date 10 Aug 2006 Name John Reighton Telephone + 44 II3 20I 3974	SIGNATURE of Assignee of Record							
Name John Reighton Telephone +44 1/3 20/ 3974	Signature	The individual whose si	gnature and title is supp					
		John Reighton	17000		Telephone +	+4 113 25	3974	
THE TRACEDITION FOR A PROPERTY OF THE PROPERTY	Title	Director, Norton Healthcare Limited t/a IVAX Pharmaceuticals UK Limited						

PTO/SB/96 (12-05)
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Applicant/Patent Owner:	STATEMENT UNDER 37 CFR 3.73(b) Austen John Woolfe, Alan Langford, Jacqueline Yvonne Allen, and Marc Clifford Elliot								
Application No./Patent No./Control No.:	10/516,943	Filed/Issue Date: November 17, 2005							
Entitled: PHARMACEUTICAL COMPOSITION									
Norton Hea	lthcare Ltd , a	Corporation							
(Name of Assignee)	(Туре о	Corporation f Assignee, e.g., corporation, partnership, university, government agency, etc.)							
states that it is:									
the assignee of the entire right, title, and interest; or									
2. an assignee of less than the entire right, title and interest.									
(The extent (by percentage) of its ownership interest is%)									
	atent identified above by virtue of								
An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel <u>021583</u> , Frame <u>0220</u> , or a true copy of the original assignment is attached.									
OR									
B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:									
1. From:		To:							
The docum		tates Patent and Trademark Office at							
Reel	, Frame	, or for which a copy thereof is attached.							
2. From:		To:							
The docum	ent was recorded in the United S	tates Patent and Trademark Office at							
Reel	, Frame	, or for which a copy thereof is attached.							
3, From:		To:							
The docum	ent was recorded in the United S	tates Patent and Trademark Office at							
Reel	, Frame	, or for which a copy thereof is attached.							
Additional documents in the chain of title are listed on a supplemental sheet.									
As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11. [NOTE: A separate copy (<i>i.e.</i> , a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]									
The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.									
- Ann	n & toly	October 14, 2008							
Signature / Date									
	HAWN P. FOLEY	(908) 518-6346							
Prir	nted or Typed Name	Telephone Number							
Α	ttorney of Record								
	Title								